18

HÆMORRHAGE

FROM THE

UTERUS.

An Address

READ BEFORE THE BRITISH GYNÆCOLOGICAL SOCIETY.

BY

THOMAS SAVAGE, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Professor of Gynæcology in Mason College;

Surgeon to the Birmingham Hospital for Women;

Consulting Surgeon to the Wolverhampton Hospital for Women

and to the Birmingham Lying-in Charity;

Consulting Gynæcological Physician to the Kidderminster Infirmary.

BIRMINGHAM:

PRINTED BY ROBERT BIRBECK, BROAD STREET.

1893.

HÆMORRHAGE

FROM THE

UTERUS.

An Address

READ BEFORE THE BRITISH GYNÆCOLOGICAL SOCIETY.

BY

THOMAS SAVAGE, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Professor of Gynæcology in Mason College;
Surgeon to the Birmingham Hospital for Women;
Consulting Surgeon to the Wolverhampton Hospital for Women
and to the Birmingham Lying-in Charity;
Consulting Gynæcological Physician to the Kidderminster Infirmary.

BIRMINGHAM:
PRINTED BY ROBERT BIRBECK, BROAD STREET.
1893.

AN ADDRESS

ON

HÆMORRHAGE FROM THE UTERUS.

Mr. President and Gentlemen,

The physician, the surgeon, and the general practitioner is each at some time in his practice more or less interested in the subject of hæmorrhage from the uterus: the latter most frequently so. It is a curious anomaly, that up to a few years back, this and many other points in gynæcology, while forming the main parts of a general practitioner's life work, were yet among those upon which he received the least instruction during his student's curriculum.

In the following remarks views are expressed and practice advised, which will in all probability give rise to a difference of opinion, and therefore it is hoped to a lengthened discussion. It would be manifestly impossible within the limits of a short paper to do more than treat briefly of a few of the conditions which give rise to hæmorrhage. The remarks cannot in any sense be considered as exhaustive, either in regard to the causes of hæmorrhage or to the methods of treatment. Doubtless this deficiency will be made up in discussion afterwards.

It is proposed to divide the cases into two classes: 1st, those in which the hæmorrhage is associated directly with some condition of the uterus itself; and, 2ndly, those in which the hæmorrhage is associated with some condition outside the uterus.

1.—*Causes directly associated with the uterus itself.*—*Endometritis.*—There are several conditions of the uterus which have as a common cause hæmorrhage, and to which various names have been applied, *e.g.*, Chronic Metritis, Chronic Endometritis, Fungous Endometritis, and Subinvolution ; and it would doubtless be not unfrequently difficult, if not impossible, to differentiate one from the other. The local treatment in such cases would resolve itself into the application to the interior of the uterus of one or other of the following, viz., curetting, the positive or acid pole of the battery, thermo or actual cautery, or escharotics, of a mild nature as carbolic acid, or of a stronger such as fuming nitric acid. Many practitioners prefer curetting, an operation of some importance, and one which usually requires antecedent dilatation of the cervical canal ; and consequently the patient is confined to bed, and laid up as invalid for a more or less lengthened period. The application of the liquid escharotics has been frequently attended with results equal if not superior to any others. If the case is of recent date, and not very severe, the use of pure carbolic acid on a Playfair's probe, as recommended by Dr. Playfair himself twenty years ago, will suffice to cure. If the case is more chronic or more severe, a similar application of nitric acid may be required, as recommended by Dr. Lombe Atthill of Dublin. This to my mind is one of the most useful and satisfactory applications we possess, and one not nearly sufficiently often used. It may be used in the consulting or out-patient room, and the patient at once return home.

Climacteric.—I suppose there are no cases which are more annoying to the general practitioner than the menorrhagia which is frequently seen in association with the climacteric period. After the practitioner has given good advice in regard to diet, aperients, rest, exercise, medicines,

etc., the flow will continue to be excessive for many months or even a few years, and the patient is liable to drift away to seek other advice; when the cause is due to the presence of a small myoma in the uterine wall, as is so common, or to—what, I believe, as frequently exists—a general myomatous development of the uterus, the menopause is likely to be considerably delayed, and the patient may go on to fifty or even later before it occurs, leading meantime a miserable worn-out existence. To a patient in easy circumstances, who can command rest and remedies, this period may be borne, tedious and wearing though it be; and she may look forward hopefully to restored health. But to a poor woman, having her living to get, the case may be widely different; and I have in a few cases advised and practised the removal of the uterine appendages as a means of a speedy relief and cure. I believe, with a careful consideration of all the circumstances of the individual and her surroundings, this practice is justifiable. But its action is a very limited one. Take a patient, aged about 40 or 42, with climacteric hæmorrhage: she will probably not have the menopause much before 48 or 50. If during that period her life is a burden to her, preventing her from attending to either the duties or the pleasures of her position, I think it is only kind and right to advise her to run the very slight risk of the operation, and be cured at once, rather than go through what she would otherwise do. At all events I think it is right to place the matter before her and let her have the option.

Incomplete Abortion.—More causes of hæmorrhage occur in connection with the results of pregnancy than with any other condition; and I suppose more errors in diagnosis are made. Probably no practitioner has arrived at middle age without having at some time overlooked a uterus concontaining the products of conception. It has been quaintly

said that the medical practitioner should look upon every adult female patient as pregnant, until it has been proved that she is not so. There is no doubt if this were more his mental attitude, fewer mistakes would be made. Undiagnosed imperfect abortion is a condition of things that very frequently comes before the consultant; and, perhaps, because of this, I would insist upon the necessity of first of all excluding pregnancy as a possible cause of the hæmorrhage where it can be done. Although it is undoubtedly the fact that hospital patients far out-number private ones, yet I feel certain that the proportion is also greater relatively of hospital over private patients, who require aid from incomplete abortion. To the general practitioner these cases are a source of much trouble and often greater anxiety. When the hæmorrhage goes on, even though not severe, for a long time, the patient and her friends become dissatisfied, medicine is of little avail, and the doctor is in despair. If the exact condition of things has been diagnosed, he knows that nothing short of emptying the uterus is any good; and if it has not been diagnosed, hopes have been raised which have not been, and will not be, realised. If the case is not a severe one—I mean, if there is no urgency from hæmorrhage and no septicæmia—the more tedious process of dilatation, even with its diminished risks of to-day, need not always be practised. Among out-patients, and also in some private cases, we may pass a uterine forceps into the cavity, and endeavour to bring away as much of the ovum tissue as possible, and then swab out the interior of the uterus with carbolic acid. It is a plan I have so frequently found to be effectual that I nearly always adopt it in the first instance; and whenever called to such a case, I look on the forceps as the first thing to use. Of course, due regard must be had to cleanliness of hands, instruments, and vagina, so that the surgeon's inter-

ference shall not be an element of danger rather than of benefit. From a diagnostic point of view it usually clears up the case; for although the previous history, the foul discharge, and the enlarged patent uterus, taken together, are very significant, yet to bring away a small portion of ovum tissue makes assurance doubly sure.

The dull wire curette may do very well, but it is not so efficient as the forceps, by which, when it does succeed, as is generally the case, the delay, difficulties, and dangers of dilatation are avoided.

For digital exploration, or cheiroscopy of the uterus, dilatation has yet to be evoked: and the best means to induce this has, I believe, yet to be found. There is something to be said in favour of each of the three usually adopted following methods. 1st. Dilatation by means of tents is generally effective; but the use of tents is often attended by blood-poisoning. If tents could be made eptic, or, at all events, if their present dangerous absorbent properties could be overcome, I believe they would return to more frequent use. 2ndly. The elastic pressure dilatation is tedious, painful, and often uncertain, and requires frequent supervision by the attendant or a skilled nurse or assistant. 3rdly. Hegar's dilators are not quite satisfactory. They must nearly always involve some amount of tearing and consequent raw surface.

The presence of a hydatiform mole is included under this heading.

Cancer.—When we examine a patient, and find the case is one of malignant disease, are we not too much in the habit of adopting a *laissez faire* attitude, and of thinking that while we cannot cure we also cannot do much to relieve? If we control the hæmorrhage to however so small an extent, we tend thereby to husband strength, to give comfort, and to prolong life; and a judi-

cious application of styptics to the diseased mass, whether it be of a fungating or an excavating character, is an advantage. The removal from time to time, as required or possible, of a so-called "cauliflower excrescence," with subsequent application of perchloride of iron or cautery to the base, is productive of the greatest relief, and, I am sure, tends to prolong life many months, without being attended with the dread and pain which accompany so many operations. And it may sometimes be repeated from time to time, as the disease or the patient's condition permit.

Then for the excavating variety, with its rigid sub-mucous hardness all around, the use of the cautery and a plug soaked in perchloride of iron, will arrest further bleeding—often for many weeks. One must not forget that meddlesome and frequent interference may increase bleeding, and do harm rather than good.

The question of the radical operation by vaginal hysterectomy or supra-vaginal amputation of the cervix, when the case is a suitable one, is too large a subject to be discussed at length here. It would open up such a point as to whether a capital operation, with all its risks, and which can only be palliative for a comparatively short period, should be done for a disease which in time is sure to kill. To my mind this has been settled pretty decisively by the brilliant results which have been obtained by our President, by Professor Sinclair, and others, both here and on the Continent.

Myoma.—Hæmorrhage arising from the presence of myoma opens up a very wide field for discussion and difference of opinion. If the tumour assumes the polypus character, manifestly its removal is called for. For the bleeding from the sub-mucous variety I will briefly name only three classes of remedies. 1st. General remedies, *e.g.*,

systematic rest, and a carefully regulated dietary especially in the direction of limitation of the amount of animal food. 2ndly. Special remedies, as ergot, hamamelis, hydrastis, digitalis, and bromide of potassium, &c. And 3rd. Local remedies, *e.g.*, perchloride of iron applied to the surface, or other styptic or cauterising agents, of which mention may be made of nitric acid, actual cautery, electricity by the positive and acid pole, which has a distinctly styptic effect. The use of the negative pole, which is alkaline and destructive, is named only to be condemned.

The question whether the internal medicines should be taken at the time of the flow, or during the intermenstrual period, or even during the whole time, is one about which there is a considerable difference of opinion, and with our present knowledge of the action of drugs—which are proverbially somewhat uncertain—one not so easy to determine as might at first sight appear.

The use of electrolysis for the complete disappearance of myoma appears more like a dream of the past; and, I take it, is settling down into oblivion. Were it otherwise, we should hear on all hands of the large tumours which have disappeared, and of the resulting cures which have been obtained.

If all the above means fail, the tumour growing, and the patient going progressively down hill, operative measures are our only resort. This is so in spite of the fact that the patient may be very near the natural age of the menopause, because in nearly all such cases we find the cessation of menstruation is so considerably delayed that it may not be reasonable to expect that we could tide our patient over the extra prolonged period — a period often as much as 4—5 years. When this state of things occurs, it seems now quite established that the best operation, when it can be performed, is to remove the uterine

appendages. If the tumour is small the difficulty is small also, or even non-existent. If the tumour is large it may be impossible to even reach the ovaries, much less to completely remove them, on account of the position which they have come to occupy in relation to the large mass of new growth. They may be completely buried deep down in the pelvis, behind the uterus, through the myoma having developed largely in front, or laterally, widening out the broad ligaments. On the other hand it often occurs that, with a very large tumour, the ovaries are really very accessible, and can be removed without risk and difficulty and through a very short opening. The great advantages of this operation, when it has been efficiently performed, are, that it is so certain in its results, and that these results are obtained with so little risk to life.

As regards hysterectomy it is remarkable to notice how much disfavour has attended it of late years, compared with a few years ago; and I take it that it is now much less frequently performed. Doubtless this is on account of the greatly increased risk to which the patient is submitted as compared with removal of the appendages, and also of the fact that abdominal surgeons are more satisfied with the results of the latter operation. In addition to this, perhaps—and I say it without offence—now that their first emotions of joy, enthusiasm, and triumph have been sobered down by lapse of time and long-continued successful work, they seem to realise to the full the value of the old aphorism—"*primum est non nocere.*"

Flexions.—To speak of flexions takes one's mind back to what may not inaptly be called the "mechanical" age of gynæcology, when nearly every ache and disturbance of function was ascribed to a mechanical cause, notably a displacement of the uterus, and suitable or unsuitable local treatment of a mechanical nature was at once pursued.

Perhaps to-day the pendulum has swung a little too much the other way, and discarded pessaries are languishing in their drawers, dusty from want of use. There is no doubt, however, but that hæmorrhage does occasionally arise solely as a result of the flexion, and does require treatment, even though without its presence the flexion itself might not necessitate special notice. A well-adjusted pessary is in such circumstances usually sufficient. If not, a styptic application to the interior of the uterus would probably be indicated.

2.—*Causes not directly associated with the Uterus.*—Of extra-uterine causes of hæmorrhage, in the absence of inflammatory symptoms, the presence or absence of a small cystoma or dermoid tumour must be borne in mind, as these are by no means uncommon. And it goes without saying that, for such, medicines and other expectant treatment can be of no avail.

Ectopic Gestation.—Then with ectopic gestation a hæmorrhage from the uterus is frequent. In the early stages there is perhaps nothing more difficult of diagnosis. If we can get a history of a few weeks' antecedent menstrual cessation, followed by some of the symptoms of pregnancy, with a "lump" in the pelvis, on one or other side of the uterus, and especially the passing of a decidual cast, we may be led to associate the flooding with ectopic pregnancy. It is the loss that brings the patient to seek advice.

There are instances, though not common, of hæmatocele in the pouch of Douglas quite unconnected with extra-uterine fœtation, which have as an accompaniment hæmorrhage from the uterus, sometimes of a very severe character.

No surgical treatment has ever been more brilliant than the present method of dealing with these cases by Abdominal Section, which has, at the same time, thrown a

flood of light upon the pathology of what was, to say the least, a somewhat obscure condition.

Chronic Inflammatory Disease of the Appendages.—Next to the successes in Abdominal Surgery there has been perhaps no greater advance in gynæcology in recent years than in the diagnosis and treatment of inflammatory diseases of the appendages. The one has led to the other. The latter has been the result or outcome of the former. Hæmorrhage is a frequent accompaniment of these conditions; and when other directly uterine causes of the loss fail to be discovered, a more careful examination may reveal a salpingitis, hydro or pyosalpinx, or a hæmato salpinx. Of these inflammatory affections, persistent metrorrhagia is more frequently associated, as far as my experience and observation go, with pyosalpinx. If these conditions are not ascertained before active uterine treatment is commenced the case may eventuate in disaster. I am reminded of a patient, years ago, who had an intractable hæmorrhage about her climacteric period. When milder measures failed, tents were used and dilatation easily effected. In the exploration, under an anæsthetic, of the uterus, sufficient though slight force was used to rupture a pyosalpinx, that could not be felt, or at all events had not been felt, in the examination; which resulted in speedy death, and whose presence could only be determined by a post-mortem examination.

The Tubo Ovarian Cysts, which are the result of inflammatory conditions, are equally and frequently accompanied by uterine bleeding; and these again are also often difficult to diagnose.

Obesity, etc.—In many cases of obesity, constipation, disease of the heart or liver, pelvic stasis may be a consequence and give rise to a blood discharge from the uterus. Suitable remedies will usually give the desired

relief for this condition of things, but it is occasionally so intractable as to prove a source of much annoyance and vexation. I would lay great stress on the importance of purgatives, principally saline, and none is more beneficial than the effervescent magnesium sulphate, recently introduced into the British Pharmacopœia. In this we are reverting to the teachings of our fathers who paid so much attention to the "Primæ Viæ." Chronic alcoholism is not infrequently a cause of hæmorrhage.

As in recent years the methods of gynæcology have been more surgical than medical, and it has become the custom to say to one-self, in a given case, rather what we shall do than what we shall administer, so I doubt not but that practitioners whose medical preponderate over their surgical instincts may object that sufficient importance has not been given to the expectant, conservative, and medical aspects of treatment. The apology therefor is that while we rejoice that of late medical therapeutics, though more limited in extent, have become much more exact, we rejoice still more at the greatly increased benefits which can be obtained by judicious surgical therapeutics.

Other causes of hæmorrhages will occur to the mind which have not been referred to on the present occasion.

Printed by Robert Birbeck, 313, Broad Street.